II. FORMS

The Children's Special Health Data/Documentation System provides a standardized, systematic process of data collection and documentation on all CSH clients. Use of this system will assure appropriate triage, risk assessment and care coordination of CSH clients. In addition, this system will assist the program manager and local coordinators with outcomes measurement and program evaluation.

USE OF FORMS FOR CHILDREN'S SPECIAL HEALTH

| Frequency | | | | | Location | Distribution | | |
|-----------|---|----|-----------------|---|----------|--------------|---|---|
| A | I | AN | FORM # | FORM NAME | S/P | F | L | S |
| | X | | CSH-1 | Children's Special Health and Dental Services Application | S/P | | С | 0 |
| X | X | | CSH-2 | Tier Assessment Sheet | S/P | | 0 | |
| | X | X | CSH-4 | Maternal and Child Health Family History | S/P | | 0 | |
| X | X | | CSH-6 | MCH Rights and Responsibility | S/P | 0 | C | C |
| X | X | X | CSH-8 | Family Needs Survey | P | | 0 | |
| X | X | X | CSH-9 | CSH Pathway | P | | 0 | |
| X | | | CSH-10 | CSH Annual Update | S/P | | C | 0 |
| X | | | CSH-12 | Family Care Coordination Evaluation (audit form) | P | | 0 | |
| | | X | CSH-13 | Physician's Referral | P | | C | 0 |
| X | X | | MCH-3 | Maternal and Child Health Financial Information | S/P | | C | 0 |
| X | X | | MCH-7 | MCH Referral Form | P | | 0 | |
| | | X | MCH-10 | Change Form | S/P | | C | 0 |
| | X | | MCH-11 | MCH Intake | S/P | | C | 0 |
| X | X | X | PHN-F- 338 | MFH-PHN HIPAA Combined Consent | P | | 0 | |
| | | X | PHN-15 or other | Age Specific Pediatric Assessment (if not done by Medical Home or Specialist) | P | | 0 | |

KEY:

